
TNS Member Application

Applicant#: **A12968**

Applicant Contact Information

Name:	Title:	First:	Middle:	Last:	Suffix:
	Mr.	Marcel	Ray	Duriez	

Display Name: Marcel Duriez

Date of Birth: 7/19/1991

Address: 419 Juniper Street Northern Cambria Pa 15714

Address 2: 419 Juniper Street Northern Cambria Pa. 15714

City: Northern Cambria, PA

State or Province: AL

Postal Code: 15714

Country: United States

Phone: 4122891747

Email: duriez19@gmail.com (Alternate: duriez19@gmail.com)

Website:

How Heard: Psychologist or other healthcare professional

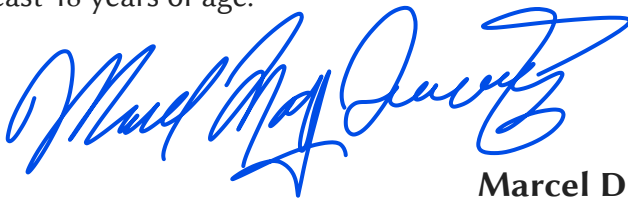
Test: Miller Analogies Test (MAT)

Test Score: 595 **Test Date:** 5/22/2019 **Application Date:** 5/25/2025 9:46:20 PM UTC

Certification Statement

I certify that the submitted test score report is an unaltered copy of an authentic document, and that I am at least 18 years of age.

Signed:



Marcel Duriez

If at all possible, please submit a scan/photo of your signed application and score report by email attachment to membership@tripnine.org

Your hand-written signature is required. Printed "signatures" are not accepted.
